

Application for Opportunity Grant

Name of Agency/Applicant:

Address:

Phone number:

E-mail:

Website:

Contact Person:

Federal Tax Identification Number:

Council Priority Area:

<input type="checkbox"/> Transportation	<input type="checkbox"/> Employment	<input type="checkbox"/> Housing	<input type="checkbox"/> Formal & Informal Community Supports
<input type="checkbox"/> Health	<input type="checkbox"/> Education & Early Intervention	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Childcare

1. Who is the target audience of your project?

2. What is the need or concern that your proposal will address? What outcomes do you expect to achieve? (Be as specific as possible.)

3. What do you plan to do in your project?

4. **Identify the steps or activities you will need to have in your project to reach your outcome. Be sure to include specific dates on which you anticipate these activities or steps will be reached. This section should include the numbers of people you will reach with each stage of your project and the dates that the activities or steps will be accomplished. Your answer will describe your workplan and timeline. One step must focus on activities related to sustaining the project after DD grant funds end.**

- DD Op-Grant App. –Dec.09

- 8. Successful projects will consider not only how the project can be a part of the community, but how the community can be a part of the project. Examples could include involving an individual from the community who is unfamiliar with developmental disabilities as part of an advisory board to the grant, or soliciting community organizations or businesses to support and/or participate in the grant activity.**

In what ways will this project include the general community?

Explain how the proposal will include participants with respect to race and ethnicity.

- 9. How will the outcomes of this project be sustained after the grant is over? Include a description of the activities, features or practices of the grant that the applicant wants to sustain.**

10. Complete the budget form. Please attach a brief justification narrative to explain expenses listed. Budget Justification is limited to one page.

Item	DD Funds Requested	Matching Funds	
		Cash	In-Kind
Personnel -indicate name of personnel and % of time they will work on the project			
Benefits			
Office Expenses			
Supplies			
Printing			
Rent			
Phone			
Postage			
Travel			
Mileage			
Meals & Lodging			
Other Costs			
Consultants			
TOTAL			

11. Budget Justification